

USGS - Office of Accounting & Financial Management
Receivable Management Section

Date: _____

Name of Payer: _____ Check/Money Order # _____ Amount: \$ _____

1. ☐ **Unidentified Collection.** Additional information to be provided to RMS to support/identify the collection.

2. Collection received on a Bill for Collection issued under a Reimbursable Agreement, refund, etc

BFY	Fund	Org Code	Rev Source	Agreement Number	USGS Bill Number	Customer No.	Amount

Description: _____

3. Collection received for Contributed Funds {a copy of the approved Form 9-3089 must be attached to process collection}

BFY	Fund	Org Code	Agreement Number	Rev Source	Vendor Code	Amount
				CONT		
				CONT		

Description: _____

4. Collection received for payment of a Travel Advance balance

BFY	Fund	Org Code	Travel Order #	Employee's Name	SSN	Amount

Description: _____

5. Other Collections (quarters payments*, jury duty, employee debt, etc)

BFY	Fund	Org Code	Discipline (BRD, WRD, etc)	Bill Number or SSN	Employee's Name	Account number/ Object class	Customer number	Amount

Description: _____

Print Name: _____ Signature: _____ Phone #: _____

Send the completed form with check(s) attached to:

**USGS-OAFM-RMS
271 National Center
Reston, VA. 20192**